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To: United States Patent & Trademark Office
Examiner Etienne Pierre Leroux

From: Thomas Spinelii

Fax: 1-571-273-4022

Pages: 14 (including fax cover sheet)

Phone:

Date: October 31, 2006

Re: Yukihiro Furuhashi et al.
U.S. Patent Appln. No. 10/713,521
Our Docket: 17244

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- **Amendment Transmittal Letter (2)**
- **Supplemental Amendment and Response**

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Applicant(s): Yukihito Furuhashi et al.

Docket No.

17244

Application No.

10/713,521

Filing Date

November 14, 2003

Examiner

Etienne Pierre Leroux

Group Art Unit

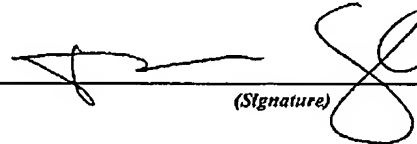
2161


Invention: **SIMILARITY SEARCH OF THREE-DIMENSIONAL MODEL USING TWO-DIMENSIONAL IMAGE AS SEARCH KEY**

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17244	
Applicant(s): Yukihito Furuhashi et al.						
Application No. 10/713,521	Filing Date November 14, 2003	Examiner Etienne Pierre Leroux	Customer No. 23389	Group Art Unit 2161	Confirmation No. 9948	
Invention: SIMILARITY SEARCH OF THREE-DIMENSIONAL MODEL USING TWO-DIMENSIONAL IMAGE AS SEARCH KEY						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9	20	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5	5	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: October 31, 2006			
Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 TS:DAT:jam			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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